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APPLICANTS

Kunio Doi, Willowbrook, IL;
 Masahito Aoyama, Asa-minami-ku, JAPAN;
 Qiang Li, Clarendon Hills, IL;

**** CONTINUING DATA ******* *MD*
NONE

**** FOREIGN APPLICATIONS ******* *MD*
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/05/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>MD</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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ADDRESS
 22850
 OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.
 1940 DUKE STREET
 ALEXANDRIA, VA
 22314

TITLE
 Computerized method for determination of the likelihood of malignancy fo pulmonary nodules on low-dose CT

FILING FEE RECEIVED 983	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees _____ <input type="checkbox"/> 1.16 Fees (Filing) _____ <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) _____ <input type="checkbox"/> 1.18 Fees (Issue) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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